State of Tennessee
Department of Children's Services
7th Floor Cordell Hull Building
436 6th Avenue North
Nashville, TN 37243-1290
1-800-600-4999 or 532-4999 in Nashville area

Standard Claim Invoice Instructions
(Revised 12/2002)

- **Form must be typed.**

- **Vendor Name =** The name of the business that will receive payment.

- **Vendor Address =** The address of where the business will receive payment.

- **City =** The name of the city where the business will receive payment.

- **State =** The state where the business will receive payment.

- **Zip =** The zip code where the business will receive payment.

- **Vendor Tax ID =** The 12 digit federal tax id number of the business which includes a prefix & suffix. This federal tax id number must match the federal tax id number on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice.

- **Provider Code = AP =** Adoption Permanency

- **Contract Number =** Assigned by DCS and must match the contract number for the vendor requesting payment. There must be a contract number on all invoices. Multiple contracts cannot be combined on an invoice.

- **Rate =** Amount as listed with Proc Code chosen. Do not put different rate amounts on the same claim.

- **Vendor Signature =** an **original** signature is required from the vendor before any payment can be made.

- **Print Name =** The printed name of the person signing the vendor signature.

- **Date Signed =** The date in MM/DD/YYYY format, including slashes, that the vendor signature was obtained.

- **Phone =** The phone number including area code of the person signing the vendor signature.

- **Service Provider =** The Service Provider is blank for this provider code.

- **Total Amount of All Pages =** This amount must equal the total of all pages that make up this invoice.

- **Last Name =** Child's last name for whom the goods and/or services were provided. **Child name should be the same on the placement as well as the finalization invoice.**

- **First Name =** Child's first name for whom the goods and/or services were provided. **Child name should be the same on the placement as well as the finalization invoice.**

- **MI =** Child's middle initial for whom the goods and/or services were provided.

- **Child SSN =** Child's social security number for whom the goods and/or services were provided. **Child SSN should be the same on the placement as well as the finalization invoice.**

- **Birth Date =** Child's birth date for whom the goods and/or services were provided. This must be MM/DD/YYYY format including slas es.

- **Sex =** Child's sex code **M** or **F** (male or female) for whom the goods and/or services were provided.

- **Proc Code =**

Proc code	Description of service
603	**Child under 12 years old** $4,500.00 at the time child is **placed by contract provider** and adoptive placement contract is signed between agency and adoptive parent (s). PLACEMENT.
604	Adoption **Finalization** for child **under 12 years old** completed in more than six months from date of adoptive placement, where the ***placement was done by the contract provider***. $4,500.00.
605	**Child 12 years old and over** $5,500.00 at the time child is **placed by contract provider** and adoptive placement contract is signed between agency and adoptive parent (s). PLACEMENT.
606	Adoption **Finalization** for child **12 years old and over** completed more than six months from date of adoptive placement, where the ***placement was done by the contract provider***. $5,500.00.
607	Adoption **Finalization** for child **under 12 years old** completed within six months from date of adoptive placement, where the ***placement was done by the contract provider***. $5,500.00.
608	Adoption **Finalization** for child **under 12 years old** completed in more than six months from date of adoptive placement, where the ***placement was done by DCS*** and the family prepared by the contract provider was provided post placement services through finalization of the adoption by the contract provider. $4,500.00
609	Adoption **Finalization** for child **under 12 years old** completed within six months from date of adoptive placement, where the ***placement was done by DCS*** and the family prepared by the contract provider was provided post placement services through finalization of the adoption by the contract provider. $5,500.00
610	Adoption **Finalization** for child **12 years old and over** completed within six months from date of adoptive placement, where the ***placement was done by the contract provider***. $6,500.00
611	Adoption **Finalization** for child **12 years old and over** completed in more than six months from date of adoptive placement, where the ***placement was done by DCS*** and the family prepared by the contract provider was provided post placement services through finalization of the adoption by the contract provider. $5,500.00
612	Adoption **Finalization** for child **12 years old and over** completed within six months from date of adoptive placement, where the ***placement was done by DCS*** and the family prepared by the contract provider was provided post placement services through finalization of the adoption by the contract provider. $6,500.00

Please note: Backup for __all__ adoption placements is the REACT FORM and backup for __all__ finalizations is an updated REACT FORM with the Finalization Date or the Order of Finalization from the courts and the initial REACT FORM. You will also be required to completed the

- **Allot Code = 40**

- **County Code =** The two digit county code of the actual county where the goods were purchased or where the services were performed.

County Code Table

01 Anderson	21 Dekalb	41 Hickman	61 Meigs	81 Stewart
02 Bedford	22 Dickson	42 Houston	62 Monroe	82 Sullivan
03 Benton	23 Dyer	43 Humphreys	63 Montgomery	83 Sumner
04 Bledsoe	24 Fayette	44 Jackson	64 Moore	84 Tipton
05 Blount	25 Fentress	45 Jefferson	65 Morgan	85 Trousdale
06 Bradley	26 Franklin	46 Johnson	66 Obion	86 Unicoi
07 Campbell	27 Gibson	47 Knox	67 Overton	87 Union
08 Cannon	28 Giles	48 Lake	68 Perry	88 Van Buren
09 Carroll	29 Grainger	49 Lauderdale	69 Pickett	89 Warren
10 Carter	30 Greene	50 Lawrence	70 Polk	90 Washington
11 Cheatham	31 Grundy	51 Lewis	71 Putnam	91 Wayne
12 Chester	32 Hamblen	52 Lincoln	72 Rhea	92 Weakley
13 Claiborne	33 Hamilton	53 Loudon	73 Roane	93 White
14 Clay	34 Hancock	54 McMinn	74 Robertson	94 Williamson
15 Cocke	35 Hardeman	55 McNairy	75 Rutherford	95 Wilson
16 Coffee	36 Hardin	56 Macon	76 Scott	99 Out of State
17 Crockett	37 Hawkins	57 Madison	77 Sequatchie	
18 Cumberland	38 Haywood	58 Marion	78 Sevier	
19 Davidson	39 Henderson	59 Marshall	79 Shelby	
20 Decatur	40 Henry	60 Maury	80 Smith	

- **CFA Y/N =** A "collective fund account: (CFA) is an account that accumulates funds when a child in state custody receives SSI, SSA, or some other benefit. This box will always be N for the AP provider code.

- **Vendor Invoice # =** The vendor's invoice number for goods and/or services purchased *(optional)*.

- **Service Start Date =** Date the adoptive placement agreement is signed for the first milestone. Date of finalization of the adoption for the second milestone. This must be MM/DD/YYYY format including slashes

- **Service End Date =** Date the adoptive placement agreement is signed for the first milestone. Date of finalization of the adoption for the second milestone. This must be MM/DD/YYYY format including slashes. Note: both the service start date and the service end date must be completed even if they are the same date.

  Note: Service dates must fall within the contract service dates being billed. For example: Fiscal year 2003 service dates and contract dates are 7/1/02 – 6/30/03 and the service dates must fall within this range in order to utilize the Fiscal year 2003 contract.

- **Unit =** For Provider Code AP the unit is always **1.**

- **Amount =** Amount as listed with Proc Code chosen. You cannot list two different amounts on a claim.

- **Page __of___ =** The first blank equals the current page number and the second blank equals the total number of pages in the invoice. Example Page 1 of 1.

- **Page Total =** The page total must equal the sum of the amount column.

- **DCS Case Manager = LEAVE IT BLANK**

- **Date = LEAVE IT BLANK**

- **Position # = LEAVE IT BLANK**.

- **Print Name = <u>LEAVE IT BLANK</u>**.

- **Phone = <u>LEAVE IT BLANK</u>**.

- **DCS Case Supervisor =** The signature of the designated Team Coordinator authorizing this payment. **<u>Also sign under the last child listed on the claim.</u>**

- **Date =** The date the Team Coordinator signed authorizing this payment. Must be in MM/DD/YYYY format including slashes.

- **Position # =** The complete 18 digit position number of the Team Coordinator authorizing this payment.

- **Print Name =** The printed name of the Team Coordinator authorizing this payment.

- **Phone =** The daytime phone number of the Team Coordinator authorizing this payment.

- **DCS Signature =** The signature of the Central Office program person, **<u>Jane Chittick</u>**, or her designee authorizing this payment.

- **Date =** The date the Central Office Program Person or designee signed authorizing this payment. Must be in MM/DD/YYYY format including slashes.

- **Position # =** The complete 18 digit position number of the Central Office Program Person or designee authorizing this payment

- **Print Name =** The printed name of the Central Office Program Person or designee authorizing this payment.

- **Phone =** The day time phone number of the Central Office Program Person or designee authorizing this payment

- **Pre-Audit =** The signature of the person performing the pre-audit.

- **Date =** The date the person performed the pre-audit. Must be in MM/DD/YYYY format including slashes.

- **Position # =** The complete 18 digit position number of the person performing the pre-audit.

- **Print Name =** The printed name of person performing the pre-audit.

- **Phone =** The daytime phone number of the person performing the pre-audit.